

GENERAL INFORMATION ALL PERMIT APPLICATIONS

Form
ARD-1

State of New Hampshire
Department of Environmental Services
Air Resources Division
P.O. Box 95
Concord, NH 03302-0095
Telephone: 603-271-1370



I. GENERAL STATIONARY SOURCE INFORMATION

A. Type of Application: ___ New ___ Renewal ___ Modification

B. Facility Name: _____
Street Address: _____
Mailing Address: _____
Town/City: _____ County: _____
Zip Code: _____ Telephone Number: _____
USGS Map Coordinates: Easting _____ Northing _____
Air Quality Control Region (AQCR): _____

If source is a subsidiary operation, complete the following:

Parent Company: _____
Mailing Address: _____
Town/City: _____ State: _____
Zip Code: _____ Telephone Number: _____

C. Contact Personnel:

Technical:
Name: _____
Title: _____
Company: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Tele. No. _____

Invoicing:
Name: _____
Title: _____
Company: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Tele. No. _____

<p>Legal:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Tele. No. _____</p>	<p>Application preparation:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> <p>Tele. No. _____</p>
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D. Major activity or product descriptions (list all activities performed at this location):

<p>Process or Product:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>SIC code:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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(if more than five, use "Additional Information" section of this application)

E. Other Equipment:

Are there other ARD permitted devices at this facility? ____ (If "yes" identify below)

Device	Permit Number
_____	_____
_____	_____
_____	_____
_____	_____

(If more than five, list in "additional Information" section of application)

II. TOTAL FACILITY EMISSIONS DATA:

POLLUTANT	Actual (lbs/hr)	Potential (lbs/hr)	Actual (tons/yr)	Potential(tons/yr)

Note: For regulated pollutants list type and for Toxic Air Pollutants list name and CAS #.

III. SUPPORT DATA SUBMITTALS

The following data must be submitted with this application:

- ___ Copies of all calculations for emissions data
- ___ A site plan of the facility showing the location of all emission points
- ___ A photocopy of a USGS map section with the site location clearly noted
- ___ For process applications, a written description of the process
- ___ Copies of MSDS for all coatings, adhesives, solvents, etc. utilized in the process that result in the creation of air emissions

IV. ADDITIONAL INFORMATION**V. CERTIFICATION (To be completed by a company officer only):**

I am authorized to make this submission on behalf of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Signed: _____ Title: _____ Date: _____

Print or type name: _____